

## **Item SPR06-29 Response Form**

**Title:** Child Support: New and Revised Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

- ☐ **Agree** with proposed changes
- ☐ **Agree** with proposed changes **if modified**
- ☐ **Do not agree** with proposed changes

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

- ☐ **Commenting on behalf of an organization**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Please **write** or **fax** or **respond using the Internet** to:

**Address:** Ms. Romunda Price,  
Judicial Council, 455 Golden Gate Avenue,  
San Francisco, CA 94102  
**Fax:** (415) 865-7664      **Attention:** Romunda Price  
**Internet:** [www.courtinfo.ca.gov/invitationstocomment](http://www.courtinfo.ca.gov/invitationstocomment)

<b>DEADLINE FOR COMMENT:</b> 5:00 p.m., Friday, June 23, 2006
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Your comments may be written on this *Response Form* or directly on the proposal or as a letter. If you are not commenting directly on this sheet please remember to attach it to your comments for identification purposes.

*Circulation for comment does not imply endorsement by the Judicial Council,  
the Rules and Projects Committee, or the Policy Coordination and Liaison Committee.  
All comments will become part of the public record of the council's action.*

Invitations to Comment SPR06-29

Title	Child Support: New and Revised Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)
Summary	Proposed new and revised forms would facilitate access to the courts for self-represented litigants and improve administration of title IV-D child support cases.
Source	Family and Juvenile Law Advisory Committee Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs
Staff	Ruth McCreight, 415-865-7666, ruth.mccreight@jud.ca.gov
Discussion	<p>This proposal is for new and revised forms to enhance access to the courts for self-represented litigants and to improve administration of title IV-D child support cases.</p> <p>New form FL-478, <i>Request and Notice of Hearing Regarding Health Insurance Assignment</i>, enables a parent whose employer was ordered to provide health insurance coverage for the children to request that the order be set aside, as allowed by Family Code section 3765. There is currently no specialized form, analogous to FL-450, <i>Request for Hearing Regarding Earnings Assignment</i>, to request such a hearing. The new form is mandatory to provide statewide consistency and uniformity. New optional form FL-478-INFO, <i>Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment</i>, provides instructions for persons filling out FL-478.</p> <p>New optional form FL-643, <i>Declaration of Obligor's Income During Judgment Period—Presumed Income Set Aside Request</i>, enables a parent paying support, a parent receiving support, or a representative of the local child support agency, in a motion to set aside a presumed income order contained in a judgment, to summarize what the parent's actual income was during the time periods at issue, as authorized by Family Code section 17432.</p> <p>Form FL-360, <i>Request for Hearing and Application to Set Aside Support Order</i>, is being revised from the current format in which only a party can use the form to request a hearing and apply for a set aside of a support order. The revisions permit either a party or the local child support agency to file the application. Check boxes are added at items 1 and 2 to indicate whom the application is addressed to and to</p>

designate the party ordered to pay support.

Form FL-600, *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations*, is being revised to make gender neutral the designation of the parents, except at item 2.b., where the father listed on the declaration of paternity, as codified at Family Code sections 7571-7574, can be named as one of the parents of the children. Current item 3 states that it should be completed if support is being requested but paternity was not put at issue and includes the marital presumption at item 3b as one of the possible reasons. Item 3b is being revised to more accurately reflect the legal reason that parentage is not being put at issue is due to a finding in a family law judgment that the children are children of the marriage.

Form FL-632, *Notice Regarding Payment of Support*, is being revised to add boxes at item 2 for specificity about the types of services the local child support agency is providing and to add a new item 3 to indicate to whom child support payments should be sent. More detail is added at item 4 regarding the abstract or notice of support judgment that was recorded and to specify that income withholding payments are to be sent to the State Disbursement Unit. Check boxes are added to state where support and arrears payments other than by income withholding should be sent.

Form FL-690, *Stipulation and Order* is being revoked as it follows the procedures in effect before the enactment of Assembly Bill 1058. Form FL-690 is now redundant due to form FL-625, which follows post-AB 1058 procedures and is also titled *Stipulation and Order*.

*Consistent with the recommendation of the Judicial Council's Access and Fairness Advisory Committee that a box with instructions on requesting accommodations for deaf and hearing-impaired individuals be included on all forms where an appearance is required by the responding party, "Request for Accommodations" instructions were included in new form FL-478. These instructions were also included in the revisions to form FL-360.*

The proposed forms are attached at pages 3–18.

Attachment

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      <div style="display: flex; justify-content: space-between;"> <div>           TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):         </div> <div>           FAX NO. (Optional):         </div> </div>	<b>FOR COURT USE ONLY</b>      Draft 6 04/11/06 icb  Not approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<b>REQUEST AND NOTICE OF HEARING REGARDING HEALTH INSURANCE ASSIGNMENT</b>	CASE NUMBER:

**NOTICE:** Complete and file this form with the court clerk to request a hearing *only* if you object to the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB0970-0222). This form may not be used to modify your current child support amount. (See "Information Sheet on Changing a Child Support Order" on page 2 of form FL-192.)

1. A hearing on this application will be held as follows (see instructions for getting a hearing date on form FL-478-INFO):

- a. 

Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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- b. The address of the court is ☐ same as above ☐ other (specify):

2. ☐ I request that service of the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB0970-0222) be quashed (set aside) because:
- a. ☐ I am not the obligor named in the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice*.
  - b. ☐ Health insurance coverage is not available at a reasonable cost.
  - c. ☐ The health insurance premium plus the monthly payment in any earnings assignment order are more than half of my total net income each month from all sources.
  - d. ☐ The following children (name): \_\_\_\_\_ have been emancipated.
  - e. ☐ I was not notified at least 15 days before the date of filing of the application that a health insurance coverage assignment was being sought.
  - f. ☐ No order to maintain health insurance has been issued.
  - g. ☐ The children will be otherwise provided health insurance coverage.
  - h. ☐ The employer's choice of coverage is inappropriate (explain): \_\_\_\_\_
  - i. ☐ Other (specify): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF PERSON REQUESTING HEARING)	<div style="display: flex; align-items: center; justify-content: center;">          (SIGNATURE OF PERSON REQUESTING HEARING)       </div>
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this action and that a true copy of the *Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478) was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place)*: \_\_\_\_\_ on *(date)*: \_\_\_\_\_

Date:

Clerk, by \_\_\_\_\_, Deputy

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

## INFORMATION SHEET AND INSTRUCTIONS FOR REQUEST AND NOTICE OF HEARING REGARDING HEALTH INSURANCE ASSIGNMENT

(Do **not** deliver this information sheet to the court clerk.)

Please follow these instructions to complete the *Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request and Notice of Hearing* form and its attachments with the court clerk **within 15 days** after the date your employer gave you a copy of *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB0970-0222). The address of the court clerk is the same as the one shown for the superior court on the health insurance coverage assignment order. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk or the family law facilitator in your county.

**(TYPE OR PRINT IN INK)**

**Front page, first box, top of form, left side:** Print your name, address, and telephone number in this box if they are not already there.

- Item 1. a–b.** You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.
- Item 2.** Check this box if you want the court to stop the local child support agency or the other parent from collecting a health insurance premium from your wages or earnings. If you check this box, you must check at least one of the boxes beneath it.
- a.** Check this box if you are not the person required to pay health insurance premiums in the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice*.
  - b.** Check this box if you believe that health insurance coverage is not available at a reasonable cost.
  - c.** Check this box if you believe the health insurance premium plus the monthly payment in any earnings withholding order are more than half of your total net income each month from all sources.
  - d.** Check this box if you believe the children have reached the legal age of emancipation. Fill in the children's names.
  - e.** Check this box if you were not notified at least 15 days before the date of filing of the application that a health insurance coverage assignment was being sought.
  - f.** Check this box if the court has not ordered you to maintain health insurance.
  - g.** Check this box if you and the other parent have made other arrangements to provide health care coverage.
  - h.** Check this box if you believe that your employer's choice of coverage is inappropriate and explain why.
  - i.** Check this box if you have some other reason that this order should not be enforced and explain why.

You must date this *Request and Notice of Hearing Regarding Health Insurance Assignment*, print your name, and sign the form under penalty of perjury. You must also complete the certificate of mailing on page 2 of the form by printing the name and address of the other parties in brackets and providing a stamped envelope addressed to each of the parties. When you sign this form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you by mail of the date, time, and location of the hearing.

**You must file your request within 15 days of receiving the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 15-day period.**

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. The family law facilitator can help you, for free, with any questions you have about the above information. For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp).

**NOTICE:** Use this form to request a hearing only if you object to the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB0970-0222). This form will **not** modify your current support amount. (See "Information Sheet on Changing a Child Support Order" on page 2 of form FL-192.)

GOVERNMENTAL AGENCY OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      <div style="display: flex; justify-content: space-between;"> <div>           TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):         </div> <div>           FAX NO. (Optional):         </div> </div>	<b>FOR COURT USE ONLY</b>   <div style="font-size: 1.2em;">Draft 5</div> <div style="font-size: 1.2em;">03/07/06 icb</div>  <div style="font-size: 1.2em;">Not approved by the Judicial Council</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>DECLARATION OF OBLIGOR'S INCOME DURING JUDGMENT PERIOD— PRESUMED INCOME SET ASIDE REQUEST</b>	
CASE NUMBER:	

I, (name): \_\_\_\_\_ declare that:

1. I am ☐ the obligor (parent required to pay support).  
☐ a representative of the local child support agency providing support services in this matter.  
☐ other (specify): \_\_\_\_\_

2. On (date): \_\_\_\_\_ a Judgment Regarding Parental Obligations (form FL-630) was entered using presumed income.

3. Information concerning the obligor's income and other factors relevant to calculating the correct support for the time periods in the judgment follow:

<u>Month/Year</u>		<u>Month/Year</u>	<u>Average Monthly Income</u>	<u>Obligor's % Of Time With Children (if known)</u>	<u>Monthly Support Requested If Other Than Guideline</u>
a.	_____ through _____	_____	\$ _____	_____	\$ _____
b.	_____ through _____	_____	\$ _____	_____	\$ _____
c.	_____ through _____	_____	\$ _____	_____	\$ _____
d.	_____ through _____	_____	\$ _____	_____	\$ _____
e.	_____ through _____	_____	\$ _____	_____	\$ _____
f.	_____ through _____	_____	\$ _____	_____	\$ _____
g.	_____ through _____	_____	\$ _____	_____	\$ _____
h.	_____ through _____	_____	\$ _____	_____	\$ _____
i.	_____ through _____	_____	\$ _____	_____	\$ _____

4. ☐ Additional information regarding the obligor's actual income is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):          <div style="display: flex; justify-content: space-between;"> <div>           TELEPHONE NO.:            E-MAIL ADDRESS (Optional):            ATTORNEY FOR (Name):         </div> <div>           FAX NO. (Optional):         </div> </div>	<b>FOR COURT USE ONLY</b>          <div style="font-size: 1.2em; font-weight: bold;">             Draft 5              03/02/06 icb              Not approved              by the              Judicial Council           </div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER</b>	

1. To ☐ petitioner ☐ respondent ☐ local child support agency ☐ other (specify):

A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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b. The address of the court where the hearing will be held is ☐ same as above ☐ other (specify):

2. An order was entered in this case on (date):  requiring ☐ petitioner ☐ respondent ☐ other parent to pay support. I request that the order be set aside.

3. Grounds for this request are (check all that apply):

- a. ☐ Fraud
- b. ☐ Perjury
- c. ☐ Lack of notice

4. ☐ I have complied with the time limits for filing this request to set aside (check one):

- a. ☐ Request brought within six months after the date I discovered or reasonably should have discovered the fraud.
- b. ☐ Request brought within six months after the date I discovered or reasonably should have discovered the perjury.
- c. ☐ Request brought within six months after the date:
  - (1) ☐ I obtained or reasonably should have obtained notice of the support order **or**
  - (2) ☐ my income and assets were subject to attachment under the support order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. ☐ FACTS IN SUPPORT of relief requested are (*specify*):

☐ Contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)



#### Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406):  <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>  <div style="font-size: 1.2em; font-weight: bold;">Draft 5</div> <div style="font-size: 1.1em; font-weight: bold;">03/02/06 icb</div> <div style="font-size: 1.1em; font-weight: bold;">Not approved by the Judicial Council</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>SUMMONS AND</b> <input type="checkbox"/> <b>COMPLAINT</b> <input type="checkbox"/> <b>SUPPLEMENTAL COMPLAINT</b> <input type="checkbox"/> <b>AMENDED COMPLAINT</b> <b>REGARDING PARENTAL OBLIGATIONS</b>	

TO (name):

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this *Complaint* and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed *Judgment*, orders the obligor to pay support for these children. If you disagree with the proposed *Judgment*, you must file the attached **Answer** form with the court clerk **within 30 days of the date that you were served with this Complaint**. If you do not file an **Answer**, the proposed *Judgment* will become a final determination of parentage. If you are required to pay child support, the payments may be taken from your pay or other property without further notice. See the attached statement of your rights and responsibilities for more information.

La agencia local que vigila la manutención de menores ha registrado la presente demanda contra usted. Esta demanda dice que usted y el otro padre son los padres de los hijos nombrados aquí y que el obligado deberá pagar manutención de menores. El propuesto FALLO RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario FL-630) los nombra a usted y al otro padre como padres de cada uno de los hijos que figuran a continuación y, si se incluye Una suma en el inciso 6, obliga al obligado a pagar manutención por estos hijos. Si no está de acuerdo con el FALLO propuesto, deberá registrar el formulario de RESPUESTA que se adjunta, presentándolo al actuario del tribunal dentro de 30 días después de haber recibido notificación de esta DEMANDA. Si usted no registra Una RESPUESTA, el FALLO propuesto tomará efecto con Una determinación final de paternidad. Si se le está exigiendo que pague manutención de menores, los pagos podrán ser deducidos de su salario o de otras pertenencias suyas sin necesidad de mandarle ninguna otra notificación. Para mayor información, vea la declaración anexa respecto a los derechos y responsabilidades que tiene.

1. The local child support agency is asking the court to issue judgment or orders for these children as follows:

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Additional children are listed on a page (labeled Attachment 1) attached to this *Complaint*.

	<b>Notice to person served: You are served</b> 1. <input type="checkbox"/> as an individual defendant. 2. <input type="checkbox"/> on behalf of a minor child or children. 3. <input type="checkbox"/> other (specify): Date: _____ Clerk, by _____, Deputy
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- FL-600 [Rev. January 1, 2007]

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
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4. a. ☐ Some or all of the children named in item 1 are receiving or have received public assistance from the following counties *(specify)*:  
 b. ☐ Date public assistance first paid:
5. Other *(specify)*:

**THE LOCAL CHILD SUPPORT AGENCY REQUESTS THAT:**

6. ☐ The court determine that the persons listed in item 2 are the parents of the children listed in item 1.
7. ☐ Based on the California support guideline, the court order the obligor to pay:
- a. ☐ \$ \_\_\_\_\_ current monthly child support based on the obligor's known income of: \$ \_\_\_\_\_ per month, and, if applicable, the obligee's known income of: \$ \_\_\_\_\_ per month.
- b. ☐ \$ \_\_\_\_\_ current monthly child support based on the obligor's presumed income, as provided by law.
- c. ☐ \$ \_\_\_\_\_ additional monthly child support for the following reasons *(specify)*:
- d. ☐ The court issue appropriate orders for sharing the costs of child care and/or uninsured health care *(specify)*:
- e. ☐ Other *(specify)*:
8. The court make orders for the support of the children upon request and submission of financial forms by the requesting party.
9. ☐ The court order the obligor to provide health insurance for each child named in item 1, if available at no or reasonable cost, and to complete the attached health insurance form and immediately return it to the office of the local child support agency at the address printed in the top left corner of page one, and that a National Medical Support Notice be issued. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent.
10. A wage and earnings assignment be ordered.
11. The court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.
12. The court order the obligor to make all payments to *(specify)*:
13. The other parent be added as a party to this case.
14. Number of pages attached: \_\_\_\_\_

**NOTICE**

**IF YOU WANT LEGAL ADVICE, CONTACT A LAWYER IMMEDIATELY.**

**A Statement of Rights is attached to this document. Please read it carefully.**

Date:

(TYPE OR PRINT NAME)	(ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection* (form FL-666); otherwise, the recommended order will become a final order of the court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

## STATEMENT OF RIGHTS AND RESPONSIBILITIES

**NOTICE to the defendant:** The proposed *Judgment Regarding Parental Obligations* will be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) with the court clerk within 30 days of the date you were served with the *Complaint*. The proposed *Judgment* will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not attend the hearing.

**AVISO para el acusado:** El FALLO propuesto entrará en efecto contra usted, a menos que dentro de 30 días desde cuando recibió notificación de la DEMANDA, usted registre por escrito una RESPUESTA A DEMANDA o DEMANDA SUPLEMENTAL RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario 610). El FALLO propuesto entrará en efecto contra usted, tenga o no tenga usted un abogado. Si le dieron notificación con un formulario que especifica una fecha de audiencia, usted tiene que presentarse al tribunal en esa fecha. Si no asiste a la audiencia, una orden judicial podrá emitirse sin considerar su punto de vista.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

## NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the *Complaint* and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

☐ Other information about court-appointed lawyers (specify):

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) is included in the papers that were served on you. If you did not receive an *Answer* form or if you would like another copy, you may get one from the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the *Answer* form. **You must file your *Answer* form with the court clerk within 30 days of the date you were served with the *Complaint* whether or not you obtain an attorney.**

## Settling Out of Court

You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an *Answer* form within 30 days. If you and the local child support agency can reach an agreement regarding the requests made in the *Complaint*, you may sign a settlement agreement called a **stipulation**. By signing a stipulation, you are agreeing to give up your rights explained in this statement, you are agreeing that you are the parent of the children listed in the *Complaint*, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

## Going to Court

If you file your *Answer form*, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. Genetic tests may be performed if the defendant questions parentage of the children listed in the *Complaint*. If the defendant refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against the defendant. The costs of the genetic testing may be charged to one of you.

## Earnings Assignment

All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the local child support agency. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6b of the proposed *Judgment Regarding Parental Obligations* (form FL-630).

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
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### Other Important Information

Both parents should tell the local child support agency everything they know about the other parent's earnings and assets.

The defendant is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit, either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the local child support agency.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

**Your family law facilitator is available to help you with any questions you may have about the above information. You can reach your family law facilitator by telephone at:**

**or in person at:**

For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp).

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <input type="checkbox"/> RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:    TELEPHONE NO.: _____ FAX NO.: _____	<b>FOR RECORDER'S USE ONLY</b>    <b>Draft 4</b> <b>03/07/06 icb</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<b>FOR COURT USE ONLY</b>
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE REGARDING PAYMENT OF SUPPORT</b> <input type="checkbox"/> <b>NOTICE OF ASSIGNED SUPPORT</b> <input type="checkbox"/> <b>SUBSTITUTION OF PAYEE</b>	CASE NUMBER:

1. The obligor (the judgment debtor) in this proceeding is (*name and last known address*):

2. a. ☐ The local child support agency is providing the following services (*check all that apply*):

- (1) ☐ current support  
 (2) ☐ support arrears  
 (3) ☐ medical support

b. ☐ The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3. ☐ The substituted payee is:

- a. ☐ the local child support agency (*specify*):  
 b. ☐ other (*specify*):

4. ☐ An abstract or notice of support judgment or support judgment was recorded as follows:

County	Date of recording	Instrument number	Book number	Page number

a. All income withholding payments must be directed to the State Disbursement Unit.

b. ☐ All current support payments other than income withholding payments must be sent to (*specify*):

c. ☐ All arrears payments other than income withholding payments must be sent to (*specify*):

d. ☐ Other (*specify*):

5. ☐ An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of (*specify*):

**THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. a. ☐ Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b. ☐ Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE)

**ACKNOWLEDGMENT**  
(To be completed only when this form is recorded)

STATE OF CALIFORNIA  
COUNTY OF

On \_\_\_\_\_, before me,  
Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(Seal)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):  _____  TELEPHONE NO.: _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>STIPULATION AND ORDER</b>	
CASE NUMBER: _____	

**1. THIS MATTER PROCEEDED AS FOLLOWS:**

- a. ☐ By written stipulation without court appearance.
- b. ☐ By court appearance as follows:
- Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
- ☐ Plaintiff/Petitioner present in court ☐ Attorney present in court (*name*): \_\_\_\_\_
- ☐ Defendant/Respondent present in court ☐ Attorney present in court (*name*): \_\_\_\_\_
- Local child support agency attorney (Family Code §§ 17400, 17406) (*name*): \_\_\_\_\_
- c. The "obligor" for purposes of this order is ☐ Plaintiff/Petitioner ☐ Defendant/Respondent

**2. THE PARTIES AGREE THAT**

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. Obligor is the parent of and must pay child support for the following children:
- |             |                      |                               |
|-------------|----------------------|-------------------------------|
| <u>Name</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|-------------|----------------------|-------------------------------|

(1) ☐ For a total of \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month beginning (*date*): \_\_\_\_\_

(2) ☐ Other (*specify*): \_\_\_\_\_

(3) Any support ordered continues until further order of court, unless terminated by operation of law.

c. ☐ Obligor owes support arrears as follows, as of (*date*): \_\_\_\_\_

☐ Child support: \$ \_\_\_\_\_ ☐ Spousal support: \$ \_\_\_\_\_ ☐ Family support: \$ \_\_\_\_\_

☐ Interest is not included and is not waived.

☐ Payable \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month commencing (*date*): \_\_\_\_\_

d. No provision of this order can operate to limit any right to assess and collect interest and penalties as allowed by law. Interest accrues on the entire principal balance owing and not on installments as they become due. All liquidation payments are subject to modification. There may be no limitation on collection of principal, interest, and penalties without further notice, as allowed by law.

e. All payments must be made to (*name and address of agency*): \_\_\_\_\_

f. ☐ Obligor must provide health insurance coverage for the children as obligated by law; a Health Insurance Coverage Assignment will issue; and obligor must complete a form DHS-6110 and return it to the local child support agency within 20 days.

g. Both must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change in the information submitted within 10 days of the change by filing an updated order.

h. An *Order/Notice to Withhold Income for Child Support* (form FL-195) must issue.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

i. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

j. ☐ The court further orders (*specify*):

Date:		▶	
	(TYPE OR PRINT NAME)		(SIGNATURE OF LOCAL CHILD SUPPORT AGENCY ATTORNEY)
Date:		▶	
	(TYPE OR PRINT NAME)		(SIGNATURE OF OBLIGEE)
Date:		▶	
	(TYPE OR PRINT NAME)		(SIGNATURE OF OBLIGOR)
Date:		▶	
	(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR OBLIGOR)

**ORDER**

3. **THE COURT SO ORDERS.**

4. ☐ This order is based on the documents attached to this order.

Date:

\_\_\_\_\_

JUDICIAL OFFICER

5. Number of pages attached: ☐ Signature follows last attachment.

**NOTICE:** Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.